



**ROSS MILLER**  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684 5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Instructions for Reinstatement

A revoked entity may restore its right to carry on business in Nevada by filing for reinstatement by submitting the appropriate documents, fees and penalties.

To reinstate an entity please submit the following:

- 1) Customer Order Instructions.
- 2) A completed and signed Annual List for the type of entity being reinstated.
- 3) A Registered Agent Acceptance signed by the agent of record for the entity or, if changing agent, a Statement of Change of Registered Agent by Entity completed, signed and accompanied by the \$60.00 filing fee.
- 4) If required, an executed Name Consent or Application of Reinstatement form.
- 5) All associated filing fees and penalties.

As of November 1, 2003 the annual filing fee for a corporation is based on the total authorized stock as recorded with this office at the time of revocation. The annual list fee for a nonprofit corporation without stock is \$25.00. See fee schedule by entity type for more information.

***\*\*Annual filing fees do not include late fees or reinstatement fees\*\****

To determine the fees required for reinstatement please reference the fee schedule, use the *Calculate Reinstatement Fees* feature on the business entity search results page on our website [www.nvsos.gov](http://www.nvsos.gov) or call our Customer Service Division at (775) 684-5708.

Each service request should be specified in the Customer Orders Instructions or cover letter and accompanied by the appropriate fees. Filings received without the appropriate forms and required fees and penalties may be rejected and subject to additional fees and penalties.

**File Stamped Copies:** To receive one file stamped copy, please mark the appropriate check box on the list. Additional copies require \$2.00 per page and appropriate order instructions.

**Certified Copies:** To order a certified copy, enclose an additional \$30.00 for each certification required and appropriate order and delivery instructions. A copy fee of \$2.00 per page is required for each copy generated when ordering 2 or more certified copies.

**Additional Forms:** All forms are available on our website at [www.nvsos.gov](http://www.nvsos.gov).

**Expedite Service:** Filings may be expedited for an additional charge; see fee schedule.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

**MAIN OFFICE:**  
*Regular and Expedited Filings*

**Secretary of State**  
Status Division  
202 North Carson Street  
Carson City NV 89701-4201  
Phone: 775-684-5708  
Fax: 775-684-7123

**SATELLITE OFFICES:**  
*Expedited Filings Only*

**Secretary of State – Las Vegas**  
Commercial Recordings Division  
555 East Washington Ave, Suite 5200  
Las Vegas NV 89101  
Phone: 702-486-2880  
Fax: 702-486-2888

**Secretary of State - Reno**  
Commercial Recordings Division  
1755 East Plumb Lane, Suite 231  
Reno NV 89502  
Phone: 775-688-1257  
Fax: 775-688-1858

## ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT OF

FILE NUMBER

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF

TO

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

A FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE:  
www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**\*\*YOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\******IMPORTANT:*** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
5. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
6. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
7. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00 LATE PENALTY: \$75.00

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
<input type="text"/>	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
<input type="text"/>	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
<input type="text"/>	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
<input type="text"/>	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
<input type="text"/>	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X****Signature of Manager or Managing Member**

Title

Date



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## Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/business/forms/ra.asp>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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### Certificate of Acceptance of Appointment by Registered Agent

In the matter of \_\_\_\_\_

Name of Represented Business Entity

I, \_\_\_\_\_ am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent\*

(complete only one)

- a) ☐ commercial registered agent listed with the Nevada Secretary of State,  
b) ☐ noncommercial registered agent with the following address for service of process:

\_\_\_\_\_  
Street Address City Nevada Zip Code

\_\_\_\_\_  
Mailing Address (if different from street address) City Nevada Zip Code

- c) ☐ represented entity accepting own service of process at the following address:

\_\_\_\_\_  
Title of Office or Position of Person in Represented Entity

\_\_\_\_\_  
Street Address City Nevada Zip Code

\_\_\_\_\_  
Mailing Address (if different from street address) City Nevada Zip Code

and hereby state that on \_\_\_\_\_ I accepted the appointment as registered agent for  
the above named business entity. Date

**X**

Authorized Signature of R.A. or On Behalf of R.A. Company

\_\_\_\_\_

Date

\*If changing Registered Agent when reinstating, officer's signature required.

**X**

Signature of Officer

\_\_\_\_\_

Date



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## Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

**This form may be submitted by:** the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/business/forms/ra.asp>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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1. Name of Represented Entity:

2. Entity File Number:

3. This statement of change will have the following effect: (check only one)

- ☐ Appoints a new agent for service of process (complete 4a or 4b)  
☐ Updates contact information of the Represented Entity acting as own agent (complete 4c)

4. Information in effect upon the filing of this statement: (complete only one section)

a) Commercial Registered Agent:

Name

b) Noncommercial Registered Agent:

Name

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

c) Title of Office or Other Position within Represented Entity:

Name of Title or Position

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

5. Signature of Represented Entity: (required)

X

Authorized Signature

Date

6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

**FEE: \$60.00**

*This form must be accompanied by appropriate fees.*



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## **24-hour, 2-hour and 1-hour Expedite Service Guidelines**

***IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.***

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**



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## Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested:

☐

Regular

☐

24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

eCheck/Credit Card (attach checklist)

☐

Trust Account:

☐

Use balance remaining in job #



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## 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested:

☐

2-Hour Expedite  
(additional **\$500.00** fee included)

☐

1-Hour Expedite  
(additional **\$1000.00** fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:**

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

eCheck/Credit Card (attach checklist)

☐

Trust Account:

☐

Use balance remaining in job #



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## ePayment Checklist (For Counter, Fax and Mail Requests)

Service Type: Counter ☐ Mail ☐ Fax ☐

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Order Processing Requested: (Expedite Processing Requires Additional Fees)  
Regular Processing ☐ 24-HOUR Expedite ☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐

### **Payment by Electronic Check** (account holder name and address required below)

Account Type: ☐ Checking ☐ Savings  
Routing Number:   
Account Number:



Amount of Electronic Check: USD \$

### **Payment by Card** (card holder name and billing address required below)

Card Type: VISA ☐ MasterCard ☐ Discover ☐ American Express ☐

Customer Credit Card Number:   
V CODE\*

\* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month  Year

Amount to Charge Card: USD \$

### **Order Information** (required)

Entity Name/Order Reference:

#### Account/Card Holder Information:

Name as it Appears on the Account   
Billing Address   
City, State, Zip   
Telephone

### **Payment Authorization**

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**  
\_\_\_\_\_  
Authorized Signature

Not to Exceed Amount: USD \$





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## Limited-Liability Company Fee Schedule Effective 7-1-08

**LIMITED-LIABILITY COMPANY FEES:** Pursuant to NRS 86 for both Domestic and Foreign Limited-Liability Companies.

Articles of Organization	\$75.00
Registration of Foreign Limited-Liability Company	\$75.00
Reinstatement Fee	\$300.00
Certificate of Amendment	\$175.00
Restated Articles	\$175.00
Certificate of Correction	\$175.00
Certificate of Termination (pursuant to NRS 86.226)	\$175.00
Merger	\$350.00
Termination Pursuant to NRS 92A	\$350.00
Dissolution of Domestic Limited-Liability Company	\$75.00
Dissolution of Foreign Limited-Liability Company	\$75.00
Preclearance of any Document	\$125.00
Articles of Conversion – contact office for fee information	
Articles of Domestication – contact office for fee information	
Revival of Limited-Liability Company – contact office for fee information	
<b>24-Hour Expedite fee for above filings</b>	<b>\$125.00</b>
Change of Noncommercial Registered Agent	\$60.00
Change of Registered Agent by Represented Entity	\$60.00
Resignation of Manager or Managing Member	\$75.00
Resignation of Registered Agent (plus \$1.00 for each additional entity listed)	\$100.00
Name Reservation (Online Name Reservation - \$50.00)	\$25.00
<b>24-Hour Expedite fee for above filings</b>	<b>\$25.00</b>
Apostille	\$20.00
Ceremonial Charter	\$100.00
Certificate of Good Standing	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Initial List of Managers or Members	\$125.00
Annual or Amended List of Managers or Members	\$125.00
<b>24-Hour Expedite fee for above filings</b>	<b>\$75.00</b>
Certification of Documents – per certification	\$30.00
Copies – per page	\$2.00
Late Fee for List of Managers or Members	\$75.00

**2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.**

**1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.**

*PLEASE NOTE: the expedite fee is in addition to the standard filing fee charged on each filing and/or order.*

### **24-HOUR EXPEDITE TIME CONSTRAINTS:**

Each filing submitted receives same day filing date and may be picked up within 24 hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.